

State of Arizona Substitute W-9 & Vendor Authorization Form



Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.



Type of Request (Must select at least ONE)

☒ New Request ☐ New Location (Additional Mail Code) ☐ Change (Select the type(s) of change from the following:

☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator

☐ Main Address ☐ Remittance Address ☐ Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) Your SS# OR Federal Employer Identification Number (FEIN) [Crossed out]

Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name* Your Name

Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)

☒ Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I) ☐ State of Arizona employee (1E) **STATE HRIS EIN** [Crossed out]

☐ Corporation NOT providing health care, medical or legal services (5A) ☐ LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)

☐ Corporation providing health care, medical or legal services (5M) ☐ LLC, PLLC organized as corporation providing health care, medical or legal services (5M)

☐ Partnership, LLP or Partnership organized as LLC or PLLC (5C) ☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

☐ An international organization or any of its agencies/instrumentalities (5U) ☐ Other: Tax Reportable Entity (5P) **Description** [Crossed out]

☐ The US or any of its political subdivisions or instrumentalities (2G) ☐ Other: Tax Exempt Entity (5H)

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

☒ Small Business (01) OR another that applies ☐ Small, Woman Owned Business- Hispanic (31) ☐ Minority Owned Business- African American (04)

☐ Small Business- African American (23) ☐ Small, Woman Owned Business- Native American (33) ☐ Minority Owned Business- Asian (32)

☐ Small Business- Asian (24) ☐ Small, Woman Owned Business- Other Minority (11) ☐ Minority Owned Business- Hispanic (74)

☐ Small Business- Hispanic (25) ☐ Woman Owned Business (03) ☐ Minority Owned Business- Native American (15)

☐ Small Business- Native American (27) ☐ Woman Owned Business- African American (17) ☐ Minority Owned Business- Other Minority (02)

☐ Small Business- Other Minority (05) ☐ Woman Owned Business- Asian (18) ☐ Non-Profit, IRC §501(c) (88)

☐ Small, Woman Owned Business (06) ☐ Woman Owned Business- Hispanic (19) ☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☐ Small, Woman Owned Business- African American (29) ☐ Woman Owned Business- Native American (21)

☐ Small, Woman Owned Business- Asian (30) ☐ Woman Owned Business- Other Minority (08) ☐ Individual, Non-Business (00)

Main Address Where tax information and general correspondence is to be mailed **Remittance Address** Where payment is to be mailed ☒ Same as Main

DBA/Branch/Location [Crossed out] DBA/Branch/Location [Crossed out]

Address Address where check should be mailed Address [Crossed out]

City [Crossed out] State [Crossed out] Zip code [Crossed out] City [Crossed out] State [Crossed out] Zip code [Crossed out]

Vendor Contact Information Fill Out All

Name [Crossed out] Title [Crossed out]

Phone # [Crossed out] Ext. [Crossed out] Fax [Crossed out] Email [Crossed out]

Certification ☐ Exempt from backup withholding

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Sign Here Title [Crossed out] Date Today's Date

STATE OF ARIZONA **AGENCY** USE ONLY - AGENCY AUTHORIZATION **STOP HERE** VENDOR: DO NOT WRITE BELOW THIS LINE

State HRIS EIN [Crossed out] Print Name [Crossed out] Signature [Crossed out]

AGY [Crossed out] Title [Crossed out] Phone # [Crossed out] Email [Crossed out] Date [Crossed out]

STATE OF ARIZONA **GAO** USE ONLY VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission Vendor Number [Crossed out] Processed by [Crossed out] Date Processed [Crossed out]

☐ HRIS ☐ GAO-03 ☐ Other